

<b>Case Number:</b>	CM15-0040954		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old male who sustained a work related injury on June 6, 2011, involving a motor vehicle accident injuring his back and neck. He underwent a cervical fusion. Treatment included pain medications, acupuncture and home exercise program. He was diagnosed with cervical and lumbar disc disease, and lumbar stenosis. Currently, the injured worker complained of persistent neck pain that radiates into the left arm and numbness in the fingers. He also complained of low back pain with radiation into the left lower extremity and buttocks. Magnetic Resonance Imaging (MRI) of the lumbar spine revealed stenosis with narrowing of the discs. Authorization was requested for Ketamine cream for chronic neck and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ketamine 5% cream, 60 grams, apply to affected area 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 56.

**Decision rationale:** The MTUS states that ketamine is not recommended and that there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain. Ketamine 5% cream, 60 grams, apply to affected area 3 times a day is not medically necessary.